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LICENSE NUMBER	R: 064000001		CITY OR TOWN	LYNNFIE	LD
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WAKEFIELD EL	LKS HOME ASSN.			
DOING BUSINESS	A				
ADDRESS 63 BAY	STATE RD.				
CITY/TOWN: LY	NNFIELD	STATE: MA	ZIP CODE:	01940	
MANAGER: HOON.	DD, CHESTER TY	PE OF LICENSE: Cl	ub (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF					
1ST FLR; CLUB RC COAT ROOMS, ST		TCHEN, STOREROC	OMS. 2ND FLR; MA	AIN HALL, K	ITCHEN,
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renew	ed license will be of	f the same type for the	e same premises nov	w licensed;	
2. the licens	ee has complied wit	th all laws of the Com	monwealth relating	to taxes; and	
3. the premi	ses are now open fo	or business (If not expl	ain below)		
SIGNED BY					
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT ndividual Social S	
			(Note: <u>NOT</u> II	idividuai sociai s	security Number)
Acts of 2004, signe	d by the building ir	re in possession (1) the aspector and the hea of liquor liability insu	d of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	лш <i>)</i>				
					
DATE:					



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	CITY OR TOWN LYNNFI	ELD
Annual	LICENSED FOR	2013
CLASS		YEAR
HTS LLC		
US		
STATE: MA	ZIP CODE: 01940	
PE OF LICENSE: Res	ctaurant CATEGORY	: All Alcohol
EBSITE AND ENTER YOUR EN	MAIL ADDRESS	<u></u>
SES:		
AIN DINING ROOM 7 333.	, LOUNGE AND BAR, LARG	E
of perjury that:		
the same type for the	same premises now licensed;	
all laws of the Comm	nonwealth relating to taxes; and	l
business (If not expla	nin below)	
or Authorized Corpo	orate Officer	
E NUMBER:		
	(Note: NOT Individual Social	Security Number)
spector and the head	of the fire department for th	ie above
	LOCAL LICENSING AUTI	HORITY
	By:	
	CLASS SHTS LLC US STATE: MA PE OF LICENSE: Res EBSITE AND ENTER YOUR EN SES: AIN DINING ROOM 333. of perjury that: the same type for the all laws of the Comn business (If not expla or Authorized Corpo E NUMBER: in possession (1) the spector and the head	Annual CLASS CHTS LLC US STATE: MA ZIP CODE: 01940 PE OF LICENSE: Restaurant CATEGORY CERSITE AND ENTER YOUR EMAIL ADDRESS SES: AIN DINING ROOM, LOUNGE AND BAR, LARGE 333. of perjury that: the same type for the same premises now licensed; all laws of the Commonwealth relating to taxes; and business (If not explain below) or Authorized Corporate Officer E NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social in possession (1) the certificate required by Chapter 1: 1 and the head of the fire department for the liquor liability insurance required by Chapter 1: 1 and the head of the fire department for the liquor liability insurance required by Chapter 1: 1 and the head of the fire department for the liquor liability insurance required by Chapter 1: 1 and the head of the fire department for the liquor liability insurance required by Chapter 1: 1 and the head of the fire department for the liquor liability insurance required by Chapter 1: 1 and the head of the fire department for the liquor liability insurance required by Chapter 1: 1 and the head of the fire department for the liquor liability insurance required by Chapter 1: 1 and the head of the fire department for the liquor liability insurance required by Chapter 1: 1 and the head of the fire department for the liquor liability insurance required by Chapter 1: 1 and the head of the fire department for the liquor liability insurance required by Chapter 1: 1 and the head of the fire department for the liquor liability insurance required by Chapter 1: 1 and the head of the fire department for the liquor liability insurance required by Chapter 1: 1 and the head of the fire department for the liquor liability insurance required by Chapter 1: 1 and the head of the fire department for the liquor liability insurance required by Chapter 1: 1 and the head of the fire department for the liquor liability insurance required by Chapter 1: 1 and the liquor liability insurance required by Chapter 1: 1 and the liquor liability insurance required by Chapter 1: 1 and the



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LICENSE NUM	MBER: 064000005		CITY OR TOWN	LYNNFIELD
APPLICATION	FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
DOING BUSIN				
	OULTON DR.& OAK ST.			
CITY/TOWN:	LYNNFIELD	STATE: MA	ZIP CODE:	01940
MANAGER:	YEE, JAMES W TYP	E OF LICENSE: Res	taurant CA	TEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WE		IAIL ADDRESS	
1ST FLR; MAI ROOM,STORA	I OF LICENSED PREMIS N ROOM, COCKTAIL LO AGE ROOM, FOYER, VES ITRANCE AND EXIT. O	OUNGE,,KITCHEN,I TIBULE; LOWER L	EVEL; ONE BIG S	TORAGE ROOM;
I hereby certify	and swear under penalties	of perjury that:		
	enewed license will be of t	• 1		
	icensee has complied with		· ·	taxes; and
3. the p	premises are now open for l	business (If not expla	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHONI	E NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Acts of 2004, s	signed, attest that we are igned by the building ins and (2) the certificate of	pector and the head	of the fire departn	nent for the above
Please Check Belov	<u>W:</u>		LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	eapiani)			
DATE:				
APPLICATION FOR I	RENEWAL MUST BE FILED BY LI	CENSEES DURING THE MO	ONTH OF NOVEMBER (M.	G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 064000007	CI	ITY OR TOWN LINNFIELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: 99 RESTAURAN	NTS OF BOSTON, LLC	
DOING BUSINESS A		
ADDRESS 317 SALEM STREET		
CITY/TOWN: LYNNFIELD	STATE: MA	ZIP CODE: 01940
MANAGER: KERR, ALAN TY	YPE OF LICENSE: Restau	rant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMAIL	ADDRESS
DESCRIPTION OF LICENSED PREM	ISES:	
ONE LEVEL OF SLAB CONSTRUCT IN FRONT CONSISTS OF RESTAUR		
I hereby certify and swear under penalti-	es of perjury that:	
1. the renewed license will be o	of the same type for the sar	ne premises now licensed;
2. the licensee has complied wi	th all laws of the Common	wealth relating to taxes; and
3. the premises are now open for	or business (If not explain	below)
SIGNED BY Individual, Partn	er or Authorized Corporate	e Officer
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building i	nspector and the head of	ertificate required by Chapter 304 of the the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below:	1	LOCAL LICENSING AUTHORITY
APPROVED:	1	Ву:
DISAPPROVED: [] (If disapproved explain)		
(11 disappioved explain)		
DATE:		_
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE MONT	TH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	064000012		CITY OR TOV	VN LINNFIE	LD
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		'S			
ADDRESS 449 BROA	ADWAY SO				
CITY/TOWN: LYNN	NFIELD	STATE: MA	ZIP CODE	: 01940	
MANAGER: DUON	IG, JENNIE	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PR	EMISES:			
FIRST FLOOR RETA SIDE EXITS	IL STORE W	ITH ONE FRONT ENT	RANCE AND ON	IE REAR EXIT	. TWO
	s are now ope	with all laws of the Corn for business (If not expected and the corn for Authorized Co	plain below)	ng to taxes; and	
DATE:	TELEPI	HONE NUMBER:		YER IDENTIFICATION OF THE PROPERTY OF THE PROP	
Please Check Below: APPROVED:				ENSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain	n)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	064000018		CITY OR TO	OWN LYNN	FIELD
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FO	R 2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	T & L Liquors Win	e Cellar			
ADDRESS 588 MAIN					
CITY/TOWN: LYN1	NFIELD	STATE: MA	ZIP COI	DE: 01940)
MANAGER: DiChia Porter	nra, Diana TYPE	OF LICENSE: P	ackage Store	CATEGO	RY: All Alcohol
EMAIL ADDRESS:					
	EASE ALSO VISIT OUR WEB		EMAIL ADDRESS		
DESCRIPTION OF L					
950 SQ FT OF RETAL EXITS, ONE PEDES				WO ENTRAN	ICES AND
2. the licensee	d license will be of the has complied with a sare now open for be	ll laws of the Cor	nmonwealth rel		
SIGNED BY	Individual, Partner o	r Authorized Cor	porate Officer		
DATE:	TELEPHONE	NUMBER:			FICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LI By:	CENSING AU	UTHORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 064000020		CITY OR TOWN	LYNNFIEI	LD
APPLICATION	N FOR RENEWAL:	Annual LICENSED FOR 2013)13
		CLASS			YEAR
LICENSEE NA	AME: MOHAMMAD I	SLAM			
DOING BUSIN	NESS A OLD TOWNE	MARKET			
ADDRESS 8 P	OST OFFICE SQUARE				
CITY/TOWN:	LYNNFIELD	STATE: MA	ZIP CODE:	01940	
	ISLAM, T'MOHAMMAD	YPE OF LICENSE:Pac	ckage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PREM	IISES:			
SEPARATE E	ROCRY, MEAT, PROD NTRY AND EXIT FRO R DOOR. STORAGE IS	NT DOORS, REAR L	OADING DOCK, D	OUBLE DO	OR AND
I hereby certify	and swear under penalti	es of perjury that:			
1. the 1	renewed license will be o	of the same type for the	same premises now	licensed;	
2. the l	licensee has complied wi	ith all laws of the Com	nonwealth relating to	taxes; and	
3. the 1	premises are now open for	or business (If not expl	ain below)		
SIGNED BY					
	Individual, Partn	er or Authorized Corpo	orate Officer		
DATE					
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER:
			(Note: NOT III)	ividuai Sociai S	eculity (vulliber)
Please Check Belo	w:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 064000023		CITY OR TOW	VN LYNNFIE	LD
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 8 BROA	A LYNFIELD E				
CITY/TOWN: LYI		STATE: N	IA ZIP CODE	: 01940	
	COLLONE,	ΓΥΡΕ OF LICENSE		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YO	UR EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PRE	MISES:			
ONE LEVEL WITH STORE, DONUT SI				RONT, CONSIS	STS OF
2. the licens	ee has complied v	of the same type for with all laws of the C for business (If not e	ommonwealth relatir		
SIGNED BY	Individual, Part	tner or Authorized C	orporate Officer		
DATE:	TELEPH	ONE NUMBER:		YER IDENTIFICA'	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 064000025		CITY OR TOWN LINNFIEL	LD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
EMAIL ADDRESS:	STATE: MA YPE OF LICENSE: Pack		All Alcohol
I hereby certify and swear under penaltic 1. the renewed license will be o 2. the licensee has complied wit 3. the premises are now open for SIGNED BY	of the same type for the seth all laws of the Commor business (If not explain	nonwealth relating to taxes; and in below)	
mdividuai, Partiis	er or Authorized Corpor	ate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS	ORITY
DATE:		-	